



Membership Application

The Arc
Community Center
320 E. 2nd Avenue
Spokane, WA 99202
Tel: 509-328-6326
Fax: 509-328-6342

*Applications are needed before attending
The Arc Community Center for the first time.
You will then be advised of acceptance
to begin your trial period.*

Our day program offers two half-day sessions, one morning (8:30-12pm) and one afternoon (12-3:30pm). A member is welcome to stay for the entire day, but will be billed for two sessions. Please contact the Center manager if you need an alternate schedule, such as a mid-day option.

Attendance fees are based on the following fee schedule:

<u>Monthly Sessions Attended</u>	<u>Fees</u>
1 to 9	\$10/session
10 to 14	\$100/month
15 to 19	\$110/month
20 to 29	\$140/month
30+	\$210/month

Payment should be sent or taken to the main Arc office:

**320 E. 2nd Avenue
Spokane, WA 99202**

Please note, those on the Deer Park transit count one day as 1.5 sessions, due to the early departure time.

Please indicate your anticipated schedule:

	Mon	Tues	Wed	Thurs	Fri
AM Session 8:30 – 12pm	_____	_____	_____	_____	_____
PM Session 12 – 3:30pm	_____	_____	_____	_____	_____

Member Information

STA # _____

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone _____

Birth date: _____ (Must be 18 or older) **Circle:** Male Female **E-mail:** _____

(Member or home provider)

Billing Information

Person responsible for authorizing and submitting payment: _____

Relationship to member: _____ Cell #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ **E-mail:** _____

Contact Information

(Include both the name and phone number for each person.) **Parent/Guardian Email:** _____

Home Provider: _____ Phone#: _____ Cell#: _____

Parent or Guardian: _____ Phone#: _____ Cell#: _____

Emergency Contact: _____ Phone#: _____ Cell#: _____

Case Manager: _____ Phone#: _____ Cell#: _____

Personal Information

Dr. Name: _____ Phone: _____

Hospital: _____ Phone: _____

Medications: (attach list if necessary) _____

Allergies: _____

Please state the diagnosis of **Intellectual or Developmental Disability**: _____

Please rate the categories below on a scale of 1-5 [**5 being the most independent**]:

- | | | |
|--|---|---|
| <input type="checkbox"/> Initiates Activities | <input type="checkbox"/> Verbal Communication | <input type="checkbox"/> Uses signs/gestures |
| <input type="checkbox"/> Relates to others | <input type="checkbox"/> Sexually appropriate | <input type="checkbox"/> Eating/Drinking |
| <input type="checkbox"/> Clean and orderly | <input type="checkbox"/> Needs prompts/reminders | <input type="checkbox"/> Help with walking |
| <input type="checkbox"/> Controls Anger/Emotions | <input type="checkbox"/> Help in Bathroom | <input type="checkbox"/> Respects other's personal space |
| <input type="checkbox"/> Receptive communication | <input type="checkbox"/> Respects property of others' | <input type="checkbox"/> Ability/willingness to follow directions |

Please check all disabilities that apply:

- ↓Hearing ↓ Vision Diabetes Heart Condition, Developmental Learning/ADD
 Seizures? (controlled? Y/N) ↓Fine Motor Control ↓ Gross Motor Control Uses Wheelchair
 Mental Illness i.e. _____
 Physical Limitations i.e. _____
 Medical Issues i.e. _____

- Will member take medication while attending the Center? Yes/ No
 If yes, do they require assistance? _____

Other Pertinent Medical Information : _____

Racial/Ethnic background:

The following information is voluntary. (please check all that apply)

- Black/African-American White/Caucasian Asian/Pacific Islander
 American Indian or Alaska Native Hispanic Other _____

1. List specific favorite activities or other interests (puzzles, bowling, computers, art, music, etc.)!

2. What goals does the member have while participating in The Arc Community Center Program?

3. Is there any other pertinent information that may help us to support you at The Center?

4. Which individuals and/or organizations have permission to provide transportation services for you?
(e.g. STA, First Transit, public school transportation...for individuals, please state relationship)

Our Philosophy

Our philosophy in serving those with disabilities is as follows:

- * We believe that the rights and responsibilities of personal choice belong to all people with or without disabilities.
- * We encourage those at the Center to choose and direct their own activities as much as possible.
- * We provide staff to assist members in choosing healthy, safe, creative and appropriate activities within the Center and the community.

Membership Guidelines

1.) Membership Eligibility & Application: Applications may be returned in person or by mail. Eligibility will be determined on age (must be 18 years or older), submission of a completed application, a commitment to the Center Rights and Responsibilities, and the general level of support required. A personal tour of the Center is required prior to participation to determine the appropriateness of membership, and continuing participation requires the payment of all member fees as outlined in #3.

2.) Application Review: The Community Center manager will review applications as promptly as possible to determine if we can effectively support the applicant in our program. After the application is reviewed, a letter of acceptance explaining the final steps of becoming a member or a letter of regret will be sent to the address provided on the application. The Center is committed to working with individuals to insure their success at the Center. In order to ensure a successful, on-going relationship, the Center manager will periodically review our ability to support each individual member. If it is determined that the Center can't support a member, that individual will not be able to continue to attend without a support plan in place.

3.) Payment of Fees: Our day program offers two half-day sessions, one morning (8:30-12pm) and one afternoon (12-3:30pm). Note that if you attend for a full day, you will be billed for 2 sessions. Please contact the Center Manager if you need an alternate schedule, such as a mid-day option. Attendance fees are billed the beginning of the month for previous month's attendance, by the 6th. Payment is due within 10 days of invoice date. Late payment notices are written on current invoice each month. Payment should be sent or taken to our main Arc office, 320 E. 2nd Ave., Spokane, 99202. When an invoice becomes 60 days late, a notice will be sent suspending the member's attendance until the account is paid in full. Fees are set up into the following categories:

Fee Structure:	
<u>Monthly Sessions Attended:</u>	<u>Fees:</u>
1 to 9	\$10/ session
10 to 14	\$100/ month
15 to 19	\$110/month
20 to 29	\$140/month
30+	\$210/month

4.) Member Responsibility: Participants need to act in an appropriate manner. This includes, but is not limited to: showing respect and consideration for each participant and staff member, following staff instructions, managing anger, respecting others' personal property, etc. If a participant behaves in an inappropriate manner, a behavior contract will be put in place. If the behavior is not corrected, the participant may be suspended from the Center.

5.) Supervision: The ratio of participants to staff can vary greatly. We cannot provide one-on-one supervision at any time. Anyone requiring this level of supervision in order to maintain safe and respectful behavior will not be able to participate in our program without a support plan in place. The center manager will need to agree that the support plan meets the needs of the individual, other members, and the center staff.

6.) Personal Assistance: We are unable to administer medications, provide toileting assistance, feed people or transfer people in wheelchairs. We are also unable to assist people with preparing lunches (including cutting fruits, vegetables, sandwiches, etc.), dressing and undressing (coats, hats, gloves, etc.) and any other personal care routines. We will offer verbal prompts and reminders when possible, however we cannot commit to this on a regular basis. Physical redirection will be used only to prevent immediate danger from occurring.

7.) Emergencies: In the event of an emergency, The Arc Community Center will follow standard first-aid and CPR procedures, then contact the home-site as soon as possible. For non-911 emergencies, the home-provider will be expected to pick the person up within 30 minutes; therefore, it is imperative that we have a working emergency number in each members file.

8.) Participation: We provide a variety of activities each day and encourage all members to participate. Those who choose not to participate will be allowed to find their own productive activities. Any activity that is limited to a certain number of people will be offered on a first-come, first-served basis. Some outings may cost additional money as noted on the quarterly calendar. For members who regularly choose not to participate in Center activities, we recommend that the member's care provider have the member bring something from home that the member would enjoy doing.

9.) Transportation: Rides to and from the center must be arranged by the participant or provider and must coincide with session times. The official session times are 8:30-noon, and noon-3:30. Arrival and departure from the center should be within 15 minutes of the noted times. Non-compliance of this will result in an additional fee of \$5 per 15 minutes for any additional supervision unless non-compliance is the result of STA/First Transit transportation delay.

10.) Dances: Dances are usually held the third Friday of each month (except July & August) from 7-9pm. Please consult your quarterly calendar for actual dates and times. The admission charge is **\$4.00** payable at the door (**non-members \$5.00**). Rides should be scheduled for "no earlier than 7pm" and "no later than 9pm". Home site staff should accompany people requiring special care and attention.

Thank you for considering The Community Center. If you have any questions or need further assistance with this application, please contact us at 789-8789 Please return completed application to:

**The Arc of Spokane Community Center
320 E. 2nd Avenue
Spokane, WA 99202
Fax: 509-328-6342**

To the best of my knowledge, I affirm the above is true. I have read, understood and agree to The Arc Community Center's Membership Guidelines in this document and the Rights and Responsibilities attached to this application. I accept full responsibility for my participation on any equipment, or as a passenger in any vehicle, operated by The Arc of Spokane or it's staff. I accept full responsibility for payment of The Arc Community Center fees. **If any of the information required in this application changes, I will notify The Arc Community Center staff as soon as possible at (509) 789-8789. If I fail to do so, I understand that it may affect the Community Center's ability to safely serve me.**

Applicant Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Home Provider/Guardian/Parent)

The Arc Community Center Rights & Responsibilities

I have the right to make my own choices.

I have the responsibility to make choices that will not hurt myself, others, or property that does not belong to me.

I have the right to participate in the activities I choose.

I have the responsibility to choose activities that are not already filled and are currently being offered.

I have the right to express my feelings.

I have the responsibility to express myself in a way that does not harm anyone or anything.

I have the right to be angry.

I have the responsibility to express my anger in a calm voice, or to go away from others until I can do this.

I have the right to interact (do things) with other people.

I have the responsibility to treat them with respect, and to make sure they want to do things with me.

I have the right to do things when I want.

I have the responsibility to make sure I am ready to go when the activity starts, or when my ride comes to pick me up.

I have the right to bring things to the Center with me.

I have the responsibility to keep track of these things, and to keep them out of the way of other people.

I have the right to use any and all **public** rooms in the Center.

I have the responsibility to ask before using any offices, storerooms, or locked places.

I have the right to use anything that belongs to the Center members.

I have the responsibility to keep these things in good shape, to put them away when I am finished, and to share them with anyone else who wants to use them.

I have the right to ask Center staff for help and attention.

I have the responsibility to ask in a nice way, and to let them help others as well.

I agree that these are my rights and responsibilities and that I will follow them to the best of my ability at all times.

(Name)

(Date)

(See Back)

PHOTOGRAPH/VIDEO RELEASE AUTHORIZATION

I hereby release photographs/videos taken of myself and authorize their use by The Arc of Spokane. I understand photographs/videos will be used to promote the organization and its goals to serve persons who have a disability and increase community understanding. I understand that there is no model fee involved and all rights to the negatives/films remain with The Arc of Spokane. I further understand that this release is entirely voluntary, and that my participation in The Arc of Spokane Community Center depends in no way on my signing this authorization.

**I give permission for the ACC to share my contact information with other Community Center Members: Y N
(Circle One)**

Applicant Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Home Provider/Guardian/Parent)

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Permission to Share Member Contact Information with Other Members

**I give permission for the ACC to share my contact information with other Community Center Members: Y N
(Circle One)**

Applicant Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Home Provider/Guardian/Parent)